



Registration

June 8-11, 2010 at South Dakota State University

Name _____

County _____ Age _____

Full Address _____

Phone (____) _____ - _____ Gender ____M ____F

T-shirt size: __S __M __L __XL __XXL

Roommate Preference:

Name _____

County _____

Are you currently enrolled in 4-H? ____Yes ____No

If you answered no, complete the information in the box.

____I hereby grant to SDSU College of Ag/Bio Sciences the non-exclusive and irrevocable rights and license to make, edit and use pictures of my child in print, electronic and projection for educational and promotional purposes. I release SDSU College of Ag/Bio Sciences from any and all claims of payment for performance rights, residuals or damages for libel, slander, invasion of privacy, or any claim based on the use of said material.

____I do NOT permit pictures of my child to be used for any purpose.

Health Information

List any significant health conditions (diabetes, asthma, etc.) _____

List any significant allergies to drugs: _____

Other significant allergies: _____

Are immunizations current: ____Yes ____No Date of last tetanus shot ____/____/____

Health and Accident Insurance Information

Company Name: _____ Policy # _____

Emergency Contact _____ Phone _____

I understand that first aid will be available at the event, that my child will be supervised closely, and that if a serious illness or injury develops, medical and/or hospital care will be given. I further understand that in case of serious illness or injury we will be notified.

South Dakota 4-H operates under a no tolerance policy for alcohol and any other controlled substance. Curfews are enforced according to the 4-H Code of Conduct, available at all County Extension Offices. My initial here indicates my support of the individuals in charge of maintaining appropriate behavior, and my acceptance of the appropriate and logical consequences for my child's actions during TLC. _____

Contact Information

The cost of the TLC conference is \$160 if registration is postmarked by April 30, \$180 until May 15, when registration closes.

A minimum deposit of \$80 is required with this form. Make checks payable to TLC379123.

Send checks to: TLC

West River Ag Center
1905 Plaza Boulevard
Rapid City, SD 57702

Workshop Selections—Refer to the Description Page

Workshop 1

(Ex. 2G 1st choice __2A__ 2nd choice __2J__ 3rd choice)

____ 1st choice ____ 2nd choice ____ 3rd choice

Workshop 3

____ 1st choice ____ 2nd choice ____ 3rd choice

Workshop 4

____ 1st choice ____ 2nd choice ____ 3rd choice

Workshop 5

____ 1st choice ____ 2nd choice ____ 3rd choice

Workshop 6

____ 1st choice ____ 2nd choice ____ 3rd choice

Workshop 7

____ 1st choice ____ 2nd choice ____ 3rd choice

____ **Yes, I am interested in competing for the Mr./Ms. TLC scholarship**

____ **I would like more information about joining the South Dakota 4-H Youth Council.**

Bus Transportation

Transportation is available for West River Students for a nominal fee of \$40. (Pay with registration)

____ Please reserve a seat for me on the bus. I prefer to board at: __Spearfish__ __Sturgis__ __Rapid City__ __Wall__ __Kadoka__ __Vivien

An itinerary will be sent to those reserving a seat.

Liability Agreement

I release Teen Leadership Conference, South Dakota State University and its employees, volunteers and TLC Staff from any and all claims of liability arising from injury, death, or property damage as a result of participation in the activities provided by ROTC or 4-H Shooting Sports, or any other workshop my child participates in. My signature indicates that I have read this form.

Parent/Guardian Signature

Date